

Senator Musto, Representative Tercyak and Members of the Human Services Committee:

Re: Section 9 of SB 1013, AA Implementing the Governor's Budget  
Recommendation Concerning Human Services

My name is Rhonda Boisvert, the owner of Pleasantview Manor in Watertown, an 18-bed Residential Care Home. I am also the Past President of the CT Association of Residential Care Homes (CARCH).

On behalf of CARCH, I want to oppose Section 9 of SB 1013 which caps the rates of residential care homes. Our rates have been frozen for the past two years based on cost reports for expenses incurred in 2008-2009. Unfortunately, our basic expenses – food, utilities, insurance, gasoline, supplies, etc – have increased while our reimbursement has not.

We have done our "share of sacrifice" by not giving raise increases to employees, operating more efficiently as possible and trimming expenses wherever possible. Our homes are not reimbursed through Medicaid but through the State Supplement (Aid to Aged, Blind and Disabled) because a residential care home is not a medical facility. Most of the homes have all State clients and therefore, like nursing homes and others, cannot shift costs to private payors. Residential care homes serve low-income elderly and persons with disabilities.

Over the years, our industry has been described as the "best bang for the buck" by administration officials because the cost to the state is low and, for many residents, a residential care home is the last stop before a nursing home. If the state did not have our homes, most residents would have to enter a nursing home at a much higher cost to the state.

There are approximately 100 residential care homes left in the state. No new homes have opened in the state for some time. Many have closed because they could not operate under the rate structure and it was more profitable to just sell the property.

Currently, there are 9 homes with a rate less than \$60.00 per day. 16 homes between \$61.00-\$75.00. 35 homes with a rate between \$76.00-\$90.00. 17 homes between \$91.00-\$105.00 per day and 22 homes with a rate greater than

\$105.00 per day.

Residents who qualify for the State Supplement have some income which is applied to the daily rate; the rest is paid by the state. Therefore, this is a shared cost for a 24/7 operation. Compare the rates to nursing homes or even adult day care at \$66.22 per day.

If rates cannot be adjusted for the actual cost of care based on the cost reports, at least allow some increase for the next biennium. Or, I would add that some residential care homes will close and the state will have an increased cost to serve the low-income elderly and persons with disabilities who reside in our homes.

Also, I would like to request that expenditures required by local zoning or fire codes or by re-licensure or mandates by the Department of Public Health be allowed as a pass-through if the entire rate process is again disallowed. Our homes are old structures and, at times, need necessary capital and equipment improvements that benefit the health and safety of the residents.

I would request language similar to what is allowed in Section 8 of the bill for facilities which serve persons with mental retardation and which are licensed by the Department of Developmental Services.

I know that times are tough for the state but please do all that you can do keep residential care homes in operation.

Senator Musto, Representative Tercyak and Members of the Human Services Committee

Re: HB 6551, AAC Policies and Procedures for the Administration of Medication to Residents of Residential Care Homes

My name is Rhonda Boisvert, the owner of Pleasantview Manor in Watertown, an 18-bed residential care home. I am also the past President of the CT Association of Residential Care Homes (CARCH).

On behalf of the CARCH Board of Directors, I am here in support of HB 6551 which repeals Section 44 of Public Act 09-5 of the September Special Session (House Bill No. 7005). This was passed as a "cost-saving" measure with a basic "cause and effect" argument that: If more residential care homes had non-licensed personnel certified to administer medications, the use of nurses to perform this service would be lessened. Medicaid costs would be decreased.

The Connecticut Association of Residential Care Homes (CARCH) did not believe that Section 44 would address the issue especially with the regulations adopted by the Department of Public Health (DPH). In a survey of members, CARCH determined that there was not a clear correlation between a home not having certified personnel and the use of nurses. Some homes have certified personnel and also used a nursing service while other homes did not have certified personnel and did not use nurses.

CARCH also believes that the regulations adopted by DPH are excessive and will be burdensome for many homes to comply. It has not been demonstrated that the current training requirements for certification have resulted in many problems or a threat to the health and welfare of residents. The average bed capacity for a residential care home is 24 beds and there is limited staff with a wide range of responsibility. Many homes will have a difficulty to maintain staffing levels while meeting the new mandates.

Data prepared by the Department of Social Services show an interesting pattern and that Section 44 was not the way to go. CARCH has analyzed data from DSS which clearly shows that the issue of nurses administering medications in homes is not occurring throughout the state. Except for three other homes, the high cost

for nurses is concentrated ONLY in the Greater New Haven area and the Lower Connecticut River Valley area. And, many of these homes already have certified personnel. It's my belief that the residents in these areas do NOT have greater needs or problems than other residents throughout the state.

These regulations adopted by DPH to implement Section 44 of Public Act 09-5 of the September Special Session are excessive and will be burdensome to many homes to comply with. A better solution would be a targeted approach to work with those residential care homes in the two or three cluster areas of the state so that these homes know that they do not have to rely on nurses for this service. In fact, CARCH has begun an outreach effort to some homes to make them aware of how they might be able to do away with nursing services. We also want to save the state money when appropriate.

While I understand DPH's concern about the role of unlicensed personnel to administer medications, it is my belief that the current practice has been working well. I don't believe that there have been many citations for improper performance. If so, I believe that DPH should work in a more collaborative and educational manner with homes that the department feels are not performing adequately.

I would respectfully ask that you pass this bill and start all over by getting all parties together to work out a better solution. Thank you.